

The qualities he embodies—loyalty, trustworthiness, reliability—are getting harder and harder to find nowadays. May God bless this admirable man and his family as he begins this next chapter.

DESIGNATING THE NEGRO LEAGUES BASEBALL MUSEUM IN KANSAS CITY, MISSOURI, AS AMERICA'S NATIONAL NEGRO LEAGUES BASEBALL MUSEUM

SPEECH OF

**HON. SAM GRAVES**

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

*Monday, July 24, 2006*

Mr. GRAVES. Mr. Speaker, I rise today to speak about Senate Concurrent Resolution 60, a resolution sponsored by my friend Senator TALENT, and agreed to by this body yesterday, that designates the Negro Leagues Baseball Museum in Kansas City as America's National Negro Leagues Baseball Museum. It was my pleasure to work with Chairman POMBO and the Resources Committee to bring this important resolution to the floor, and I thank the Chairman for his help and friendship.

Those of us familiar with the Negro Leagues Baseball Museum already think of it as America's museum, but the passage of this resolution makes that distinction official.

The Negro Leagues Baseball Museum was founded in 1990, and for its first four years of existence operated out of a one room office in the historic 18th and Vine District of Kansas City. Today it is a 10,000 square foot Museum, filled with historic memorabilia, sculptures, photographs, and other exhibits that pay tribute to some of baseball's greatest pioneers.

It is fitting that the Negro Leagues Baseball Museum is in Kansas City, Missouri, Mr. Speaker, because the Negro Leagues were officially organized in Kansas City during a meeting in 1920. Kansas City was also the home of the Negro Leagues' longest-running franchise—the Kansas City Monarchs—which sent more Negro Leagues players to Major League Baseball than any other Negro Leagues franchise.

From 1920 until the closure of the last teams in the early 1960s, countless greats excelled at America's pastime in the Negro Leagues, including Satchel Paige, Josh Gibson, James "Cool Papa" Bell, Ernie Banks, Hank Aaron, Jackie Robinson, and of course Mr. Speaker, John Jordan "Buck" O'Neil.

Mr. O'Neil is the current Chairman of the Board of the Negro Leagues Baseball Museum, and continues to work tirelessly at age 94. He has enjoyed an unparalleled career as a player, scout, manager, coach, and ambassador for baseball since 1937, and Buck O'Neil also selflessly interrupted his stellar professional baseball career to serve our country during World War II in the United States Navy.

It is ironic that this resolution came before the House for consideration a few days before Hall of Fame weekend in Cooperstown, New York. Several Negro Leagues players will be inducted into the Hall of Fame this weekend, but Buck O'Neil is tragically not among them. Mr. Speaker, I can think of no one more quali-

fied for induction into the Hall of Fame than Buck O'Neil, but sadly that will not happen this weekend.

So, we must console ourselves in the knowledge that Buck O'Neil's passion—the Negro Leagues Baseball Museum—is granted official recognition by our nation with yesterday's passage of this concurrent resolution. I thank my colleagues for supporting this important measure, and I urge them to come to Kansas City and visit America's National Negro Leagues Baseball Museum.

STEM CELL RESEARCH ENHANCEMENT ACT

**HON. DENNIS MOORE**

OF KANSAS

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, July 25, 2006*

Mr. MOORE of Kansas. Mr. Speaker, I rise to offer a personal explanation as to why I voted in favor of overriding the Presidential veto of H.R. 810, the Stem Cell Research Enhancement Act.

On August 9, 2001, President Bush announced that he would only allow federal funding for experiments involving stem cells already derived from embryos but not for research that would cause the destruction of further embryos. I am pleased that the President did not issue a full ban on federal funding of stem cell research, but I am very concerned that this restriction does not offer researchers the quality and diversity they will need to conduct full and complete research on these diseases. In fact, the National Institutes of Health recently reported that under current federal policy only about 19 stem cell lines are available to researchers, some of which are contaminated or otherwise unusable.

On May 24, 2005, the House passed H.R. 810, the Stem Cell Research Enhancement Act of 2005, which expands the current federal policy on embryonic stem cell research by allowing federal funding on stem cell lines derived after August 9, 2001. In addition, the House also passed H.R. 2520, legislation to establish a National Cord Blood Stem Cell Inventory and authorize \$15 million annually to collect 150,000 high quality cord blood stem cell units for research or transplantation. I voted in favor of both measures. Therefore, I voted today to override the President's veto of H.R. 810 because I believe the potential to improve lives with stem cell research is too great to dismiss. The bipartisan support for this measure is also indicative of the importance of stem cell research.

Recent scientific research has suggested that embryonic stem cells hold immense potential to successfully treat many serious medical conditions including diabetes, Parkinson's Disease and cancer. Scientists believe the knowledge obtained from additional human embryonic stem cell studies could lead to the development of techniques to generate cells that would replace damaged tissues for a variety of conditions. H.R. 810 required that these cells would be acquired, using stringent guidelines established by the National Institutes of Health, NIH, from fertility clinic embryos, already in existence, that would otherwise be discarded. Why waste such biological material when the potential human health and scientific benefits of stem cell research are staggering in their promise?

Federal support of stem cell research will allow American scientists to harness this groundbreaking technology to potentially save many lives and improve the quality of others. In addition, the oversight which will come with broad federal support will result in better and more ethically controlled research in the field than if funding was from private sources alone.

"GOING TO HAVE TO SELL MY HOUSE . . . OR DIE": DISASTROUS CONSEQUENCES OF MEDICARE PART D

**HON. BOB FILNER**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, July 25, 2006*

Mr. FILNER. Mr. Speaker, Medicare Part D continues to bring problems for our Nation's seniors. As more and more reach the "doughnut hole," seniors are confronted with dramatic, no-win choices. I offer my colleagues a recent article in the San Diego Union-Tribune—"Going to Have to Sell My House . . . or Die." It's past time to start over with the prescription drug benefit!

[From the San Diego Union-Tribune, July 16, 2006]

GOING TO HAVE TO SELL MY HOUSE ... OR DIE  
(By Keith Darcé)

Frank Harrison says he's facing a choice between his health and his house.

When the Spring Valley retiree hit a coverage cap in his federal prescription drug plan in early June, his monthly medicine costs skyrocketed from about \$250 to about \$1,800, largely because of two expensive immune suppression drugs that he has taken since a kidney transplant six years ago.

The 62-year-old former computer company operations manager, whose main income comes from Social Security disability benefits, stopped taking one of the drugs, which cost about \$575 a month, so that he could keep paying his \$750 mortgage payment.

"What it boils down to pretty soon is that I'm going to have to sell my house. It's either that or die," he said.

Harrison is among the 3.4 million seniors and disabled Americans who have begun to fall into a gap in Medicare Part D coverage. They must pay the full price for drugs after they've spent \$2,250 in co-payments and until their out-of-pocket costs reach \$5,100 for the year.

Those in the so-called "doughnut hole" are likely to cut back on medicines to save money even if doing so jeopardizes their health, according to some research.

"Some are being caught totally unaware," said Jennifer Duncan, who manages the San Diego Health Insurance Counseling and Advocacy Program.

HICAP, which assists Medicare beneficiaries, has fielded calls in recent weeks from about 20 Part D enrollees who've either hit the coverage gap or are nearing it. Medicare is the government's health insurance program for those 65 and older and the disabled.

The gap is the latest headache to confront those who thought that signing up for a Part D plan would lower their costs for expensive medications. Early glitches blocked some from getting prescriptions because their names didn't appear in the computer systems of the private companies selected to operate the plans. Others tried to buy drugs only to learn at the pharmacy counter that the medicines weren't covered by their plans.